| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ■ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Arka First name P. | First name |
| | Bring your picture | Middle name | Middle name |
| | identification to your meeting with the trustee. | Sengupta Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9969 | |

| Del | otor 1 Arka P. Sengupta | | Case number (if known) | | |
|-----|---|---|--|--|--|
| | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EIN | EIN | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 36 Plaza Street E. Apt. 6F Brooklyn, NY 11238 | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Kings County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing | Check one: | Check one: | | |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |
| | | | | | |

| Deb | otor 1 | Arka P. Sengupta | | | | _ | Case numl | per (if known) | |
|-----|--|--|---------------|---|---|--------------------------------------|--|--|---|
| | | | | | | | | | |
| Par | t 2: | Tell the Court About \ | our Bar | nkruptcy Ca | se | | | | |
| 7. | Bank | chapter of the cruptcy Code you are sing to file under | (Form 2 | 2010)). Also, | rief description of each, see I go to the top of page 1 and c | | | 342(b) for Individuals Filin | ng for Bankruptcy |
| | 000 | omig to me under | ☐ Cha | apter 7 | | | | | |
| | | Chapter 11 | | | | | | | |
| | | | ☐ Cha | apter 12 | | | | | |
| | | | ☐ Cha | apter 13 | | | | | |
| 8. | How | you will pay the fee | _ a | bout how yo order. If your ore-printed | | re paying lyment or | the fee yourself, you your behalf, your att | may pay with cash, cashie orney may pay with a credi | r's check, or money t card or check with |
| | | | | | the fee in installments. If ye in Installments (Official Forr | | e this option, sign and | d attach the Application for | Individuals to Pay |
| | | | □ I b a | request that out is not requ applies to you | t my fee be waived (You ma uired to, waive your fee, and r ur family size and you are una on to Have the Chapter 7 Filin | y request may do so ble to pay | only if your income in the fee in installmer | s less than 150% of the off its). If you choose this option | ricial poverty line that on, you must fill out |
| | | | · · | пе Аррисано | into riave the Onapter i i iiiii | g 1 00 W | wed (Official Form Te | oob) and me it with your pe | uuon. |
| 9. | Have you filed for bankruptcy within the | | ■ No. | | | | | | |
| | last | years? | ☐ Yes. | | | | | | |
| | | | | District | | _ When | | Case number | |
| | | | | District | | When | | _ | |
| | | | | District | | _ When | | Case number | |
| 10. | | nny bankruptcy s pending or being | □No | | | | | | |
| | filed not f you, | by a spouse who is iling this case with or by a business er, or by an | ■ Yes. | | | | | | |
| | | | | Debtor | Constant Beta Motion | Picture | Company, LLC | Relationship to you | Affiliate |
| | | | | District | Eastern District of NY | _ When | 4/20/21 | _ Case number, if known | 21-41048 |
| | | | | Debtor | | | | _ Relationship to you | |
| | | | | District | | _ When | | _ Case number, if known | |
| 11. | | ou rent your ence? | □ No. | Go to li | ine 12. | | | | |
| | 10310 | chico: | Yes. | . Has yo | ur landlord obtained an evicti | on judgm | ent against you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Statement</i> bankruptcy petition. | About ar | n Eviction Judgment A | Against You (Form 101A) a | nd file it with this |
| | | | | | | | | | |

| Deb | otor 1 Arka P. Sengupta | | | Case number (if known) | | |
|--|---|-----------|---|--|--|--|
| | | | | | | |
| Par | t 3: Report About Any Bu | ısinesses | You Own as a Sole Proprie | tor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | |
| | | ☐ Yes. | Name and location of bus | siness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | te & ZIP Code | | |
| | it to this petition. | | Check the appropriate bo | x to describe your business: | | |
| | | | ☐ Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | ☐ Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | ☐ Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | ☐ None of the above | 9 | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? | | | t can set appropriate deadlines. If you indicate that you are a small business debtor or abchapter V, you must attach your most recent balance sheet, statement of operations, me tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. | | | |
| | For a definition of small | ☐ No. | I am not filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptc Code. | | | |
| | | ☐ Yes. | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. | | |
| | | ■ Yes. | | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. | | |
| Par | t 4: Report if You Own or | Have Any | <i>r</i> Hazardous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number, Street, City, State & Zip Code | | |
| | | | | , ,,,, | | |

Debtor 1 Arka P. Sengupta Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Arka P. Sengupta | | | Case number (iii | known) | | | | | |
|-----|--|---|--------------------------------------|--|--|--|--|--|--|--|
| Par | t 6: Answer These Questi | ions for Re | porting Purposes | | | | | | | |
| 16. | What kind of debts do you have? | 16a. | <u> </u> | mer debts? Consumer debts are defined family, or household purpose." | I in 11 U.S.C. § 101(8) as "incurred by an | | | | | |
| | | | No. Go to line 16b. | | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | | |
| | | | | ess debts? Business debts are debts that or through the operation of the busine | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | | |
| | | | Yes. Go to line 17. | | | | | | | |
| | | 16c. | State the type of debts you owe the | nat are not consumer debts or business d | ebts | | | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. G | o to line 18. | | | | | | |
| | Do you estimate that after any exempt property is excluded and | | | ou estimate that after any exempt property le to distribute to unsecured creditors? | is excluded and administrative expenses | | | | | |
| | administrative expenses | | □ No | | | | | | | |
| | are paid that funds will be available for | | ☐ Yes | | | | | | | |
| | distribution to unsecured creditors? | | | | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 ☐ 10,001.35,000 | ☐ 50,001-100,000 ☐ More than100,000 | | | | | |
| | | ☐ 100-19 ☐ 200-99 | | ☐ 10,001-25,000 | ☐ More than 100,000 | | | | | |
| 19. | How much do you | \$0 - \$5 | 50.000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | | |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | | |
| | | Б \$500,0 | O1 - \$1 IIIIIIOI1 | — | | | | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | | |
| | to be? | _ ` ` | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | | | |
| | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | | |
| Par | t 7: Sign Below | | | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | | |
| | | I request r | elief in accordance with the chapt | er of title 11, United States Code, specific | ed in this petition. | | | | | |
| | | bankruptc and 3571. | y case can result in fines up to \$2 | cealing property, or obtaining money or p 50,000, or imprisonment for up to 20 yea | roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | | |
| | | | P. Sengupta Sengupta | Signature of Debtor 2 | | | | | | |
| | | | of Debtor 1 | 5.g 5. 25500 £ | | | | | | |
| | | Executed | on April 20, 2021 | Executed on | | | | | | |
| | | | MM / DD / YYYY | MM / E | DD / YYYY | | | | | |

| Debtor 1 Arka P. Sengupta | | Cas | Case number (if known) | | | |
|--|---|-----------------------------|---|--|--|--|
| | | | | | | |
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Uni | ted States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) | | | |
| If you are not represented by | | | rledge after an inquiry that the information in the | | | |
| an attorney, you do not need to file this page. | schedules filed with the petition is incorrect. | · | • | | | |
| | /s/ Anne Penachio | Date | April 20, 2021 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Anne Penachio | | | | | |
| | Printed name | | | | | |
| | Penachio Malara, LLP | | | | | |
| | Firm name | | | | | |
| | 245 Main Street, Suite 450 | | | | | |
| | White Plains, NY 10601 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone 914-946-2889 | Email address | frank@pmlawllp.com | | | |
| | (ap-9721) NY | | | | | |
| | Bar number & State | | | | | |
| | | | | | | |

| Debtor 1 Ark | a P. Sengupta | | | Case number (if known) |
|------------------------|--------------------------|--------------------|------------|------------------------|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Arka P. Sengupta | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK | |
| Case number (if known) | | | | ☐ Check if this is an |

FORM 101. VOLUNTARY PETITION ATTACHMENT

Request for a 30-day temporary waiver of the requirement to file a certificate of completion of credit counseling.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

Explanation of efforts Debtor 1 made to obtain the briefing, why Debtor 1 was unable to obtain it before Debtor 1 filed for bankruptcy, and what exigent circumstances required Debtor 1 to file this case:

Creditor restrained bank accounts and impeded debtor's ability to manage his financial affairs and a n emergency filing was needed. Debtor plans to the complete course in the upcoming days.

amended filing

| Fill in thi | is information to identify your c | ase: | | | |
|----------------|--|------------------|--|-----------------------------------|--------------------------------------|
| Debtor 1 | Arka P. Sengupta | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fi | | Middle Name | Last Name | | |
| United St | tates Bankruptcy Court for the: | EASTERN DIST | TRICT OF NEW YORK | | |
| Case nur | mber | | | | ☐ Check if this is an amended filing |
| B 104 | 1 | | | | |
| | ndividual Chapter | 11 Cases: | List of Creditors | s Who Have th | e 20 Largest |
| Unse | cured Claims Agai | nst You a | and Are Not Insid | ers | 12/15 |
| collateral | prietor. 11 U.S.C. § 101. Also, do not not not not not not not not not no | ng the holders o | f the 20 largest unsecured cl I people are filing together, b | aims. oth are equally responsi | ble for supplying correct |
| | | | | | Unsecured claim |
| 1 | | What | is the nature of the claim? | Judgment | \$115,000.00 |
| | 742 Evergreen Terrace, LLC c/o Benjamin C. Fishman, E 140 Grand Street - Suite 705 White Plains, NY 10601 | sq. As of | the date you file, the claim is Contingent Unliquidated Disputed None of the above apply | | <u> </u> |
| - | | Does | the creditor have a lien on y | our property? | |
| | | | No | | |
| (| Contact | | Yes. Total claim (secured a | and unsecured) | |
| - | Contact phone | | Value of security: Unsecured claim | <u>-</u> _ | |
| 2 | Obell Count books December | What | is the nature of the claim? | Collection Judgr | nent \$11,000.00 |
| | Civil Court Jud't Recover 99 Wall St - Suite 131 New York, NY 10005 | | the date you file, the claim is Contingent Unliquidated Disputed None of the above apply | | |
| | | Does | the creditor have a lien on y | our property? | |
| | Contact | | No Yes. Total claim (secured a Value of security: | nd unsecured) | |
| | Contact phone | | Unsecured claim | - | |

B104 (Official Form 104)

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims

| otor 1 | Arka P. Sengupta | Case number (if known) | | | | |
|--------|-------------------------------|------------------------|--|--|-------------|--|
| | | | | | | |
| | | What | is the nature of the claim? | Credit Card | \$13,200.00 | |
| | Discover | ۸۵۸ | the date you file, the claim is: | Chock all that apply | | |
| | P.O. Box 30943 | | Contingent | Check all that apply | | |
| | Salt Lake City, UT 84130-0943 | | Unliquidated | | | |
| | | ⊟ | Disputed | | | |
| | | | None of the above apply | | | |
| | | _ | , | | | |
| - | | Does | the creditor have a lien on you | ur property? | | |
| | | | No | | | |
| _ | Contact | | Yes. Total claim (secured and | d unsecured) | | |
| | | | Value of security: | · | | |
| | Contact phone | _ | Unsecured claim | | | |
| | | What | is the nature of the claim? | Judgment (same liability as Civil Court Judgment recovery) | \$0.00 | |
| | Mark Randall | A = = | i the data very file the eleim ion | Chook all that apply | | |
| | c/o Zibelman Legal Assocs | | f the date you file, the claim is: Contingent | Check all that apply | | |
| | 620 Christian St. | | Unliquidated | | | |
| | Philadelphia, PA 19147 | - | · | | | |
| | | | Disputed | | | |
| | | | None of the above apply | | | |
| - | | Does | the creditor have a lien on you | ur property? | | |
| | | | No | | | |
| - | Contact | | Yes. Total claim (secured and | d unsecured) | | |
| | oonad: | | Value of security: | - | | |
| | Contact phone | _ | Unsecured claim | | | |
| | | What | is the nature of the claim? | Confession of Judgment | \$0.00 | |
| | Potencia, LLC | | | | | |
| | c/o Richard Roth, Esq. | | the date you file, the claim is: | Check all that apply | | |
| | 295 Madison Ave | | Contingent | | | |
| | 22nd Floor | _ | Unliquidated | | | |
| | New York, NY 10017 | | Disputed | | | |
| | | | None of the above apply | | | |
| - | | Does | the creditor have a lien on you | ur property? | | |
| | | | No | | | |
| _ | Contact | | Yes. Total claim (secured and | d unsecured) | | |
| _ | | _ | Value of security: | - | | |
| | Contact phone | | Unsecured claim | | | |
| | | What | is the nature of the claim? | Confession of Judgment (Sameliability as Potencia) | \$23,000.00 | |
| | Robin Humbert | | | | | |
| | c/o Richard Roth, Esq | | | | | |
| | 295 Madison Ave. | | | | | |

B 104 (Official Form 104)

| Deb | Arka P. Sengupta | Case number (if known) |
|-----|--|---|
| | 22nd Floor New York, NY 10017 | As of the date you file, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated |
| | | ☐ Disputed |
| | | ☐ None of the above apply |
| | | Does the creditor have a lien on your property? |
| | | No |
| | Contact | Yes. Total claim (secured and unsecured) |
| | Contact phone | Value of security: Unsecured claim |
| Par | t 2: Sign Below | |
| | | ne information provided in this form is true and correct. |
| Х | /s/ Arka P. Sengupta | х |
| | Arka P. Sengupta Signature of Debtor 1 | Signature of Debtor 2 |
| | Date April 20, 2021 | Date |

| 3111 | in this information to identify your case: | | |
|--------|--|---------------|-------------------------------|
| | otor 1 Arka P. Sengupta | | |
| 20. | First Name Middle Name Last Name | | |
| | use if, filing) First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | | |
| Cas | se number | | |
| (if kn | pwn) | _ | c if this is an ded filing |
| | | | |
| Of | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| nfo | is complete and accurate as possible. If two married people are filing together, both are equally responsible f rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing ameno · original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | 7 4.40 | in mat you om. |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,920.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 3,920.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | Your li | abilities |
| | | Amoun | t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 162,200.00 |
| | Your total liabilities | \$ \$ | 162,200.00 |
| | | | |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 8,128.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,483.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of | our other scl | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | s box and s | ubmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

| Deb | tor 1 | Arka P. Sengupta | ase number (if known) | |
|-----|-------|--|-----------------------------------|----|
| 8. | | n the Statement of Your Current Monthly Income: Copy your total current A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | monthly income from Official Form | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ |
| 9g. Total. Add lines 9a through 9f. | \$ |

| Fill in this infor | nation to identify your case and this filing: | |
|-----------------------|--|--|
| Debtor 1 | Arka P. Sengupta | |
| Debtor 2 | First Name Middle Name Last Name | |
| (Spouse, if filing) | First Name Middle Name Last Name | |
| United States Ba | nkruptcy Court for the: EASTERN DISTRICT OF NEW YORK | |
| Case number _ | | ☐ Check if this is an amended filing |
| | | g |
| Official Fo | rm 106A/B | |
| _ | e A/B: Property | 12/15 |
| | eparately list and describe items. List an asset only once. If an asset fits in more than one category, list the | |
| think it fits best. E | e as complete and accurate as possible. If two married people are filing together, both are equally responsibe e space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | le for supplying correct |
| Part 1: Describe | Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In | |
| 1. Do you own or | nave any legal or equitable interest in any residence, building, land, or similar property? | |
| ■ No. Go to Par | t 2. | |
| ☐ Yes. Where i | s the property? | |
| | | |
| Part 2: Describe | Your Vehicles | |
| | se, or have legal or equitable interest in any vehicles, whether they are registered or not? Includives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. | e any vehicles you own that |
| 3. Cars, vans, tr | ucks, tractors, sport utility vehicles, motorcycles | |
| ■ No | | |
| ☐ Yes | | |
| | | |
| | rcraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories ts, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| ■ No | | |
| ☐ Yes | | |
| | | |
| 5 Add the doll: | ar value of the portion you own for all of your entries from Part 2, including any entries for | |
| | ave attached for Part 2. Write that number here=> | \$0.00 |
| Dord 2. Dogoribo | Vaux Paragnal and Hausahald koma | |
| | Your Personal and Household Items have any legal or equitable interest in any of the following items? | Current value of the |
| · | | portion you own?Do not deduct secured claims or exemptions. |
| | oods and furnishings ajor appliances, furniture, linens, china, kitchenware | · |
| _ | ribe | |
| Yes. Desc | | |
| ■ Yes. Desc | Ordinary and Necessary Household Furniture | \$1,000.00 |

including cell phones, cameras, media players, games

☐ No

Schedule A/B: Property Official Form 106A/B page 1

| Debtor 1 | Arka P. Sei | gupta | Case number (if known |) |
|-----------------|---|--|-------------------------------------|---|
| ■ Ves | . Describe | | | |
| — 103. | . Describe | | | |
| | | Cell phone, TV | | \$800.00 |
| - | ibles of value bles: Antiques an other collec | d figurines; paintings, prints, or other artwork; books, pictures, ions, memorabilia, collectibles | or other art objects; stamp, coin | n, or baseball card collections; |
| ☐ Yes. | . Describe | | | |
| Examp ■ No | nent for sports bles: Sports, pho musical inst | ographic, exercise, and other hobby equipment; bicycles, poo | ol tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| 10. Firear | ms | | | |
| Exam ■ No | | es, shotguns, ammunition, and related equipment | | |
| □ No | | lothes, furs, leather coats, designer wear, shoes, accessories | s | |
| | | | | \$000.00 |
| | | Ordinary and Necessary Wearing Apparel | | \$800.00 |
| □ No | . Describe | ewelry, costume jewelry, engagement rings, wedding rings, he | eirloom jeweiry, watches, gems, | |
| | | Platinum wedding band - limited value | | \$300.00 |
| | | Timex Watch | | \$20.00 |
| Exam ■ No | arm animals aples: Dogs, cats . Describe | birds, horses | | |
| ■ No | - | nd household items you did not already list, including any | y health aids you did not list | |
| ⊔ Yes. | . Give specific in | formation | | |
| | | of all of your entries from Part 3, including any entries for number here | | \$2,920.00 |
| Part 4: De | escribe Your Fina | neial Assats | | |
| | | legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash | | | | |
| Exam ■ No | | have in your wallet, in your home, in a safe deposit box, and | on hand when you file your peti | tion |
| | | Schedule A/B: Property | | page 2 |

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| Debtor 1 Arka P. Sengupta | | | | Case number (if known) | | | |
|---------------------------|--|---|---|--|---------------------------------|-------------------------------|--|
| 17 | institutions | | | s; certificates of deposit; shares n the same institution, list each. | in credit unions, brokerage h | nouses, and other similar | |
| | □ No | | | Institution name: | | | |
| | ■ Yes | 17.1. | Joint Checking with mother | Chase Bank - Debtor on purposes only; Funds w Mother and belong to he | vere deposited by | Unknown | |
| | | | | Mother and belong to he | <i>-</i> | | |
| | | 17.2. | Checking | Chase Bank | | \$1,000.00 | |
| | | 17.3. | Savings Account | Chase Bank (Little or no | o balance) | \$0.00 | |
| | ■ No □ Yes | s, investm | ent accounts with brokers Institution or issuer nam | age firms, money market accounts e: ed and unincorporated busine | | t in an LLC, partnership, and | |
| | _ | nformation | about them | | | | |
| | | | me of entity: | | % of ownership: | | |
| | | C | netant Bota Motion I | Picture Company, LLC | 100% % | \$0.00 | |
| | Negotiable instrumen Non-negotiable instru ■ No □ Yes. Give specific in Retirement or pension | ts include ments are formation Iss | personal checks, cashier those you cannot transfe about them uer name: | ole and non-negotiable instrumths' checks, promissory notes, and to someone by signing or deliver to someone by signing or deliver. b), thrift savings accounts, or other | d money orders. vering them. | plans | |
| | Yes. List each accou | • | tely. of account: | Institution name: | | | |
| 22 | Examples: Agreemen | ed deposi | ts you have made so that | t you may continue service or us iic utilities (electric, gas, water), | | ies, or others | |
| | ■ No □ Yes | | | Institution name or individual | : | | |
| 23 | . Annuities (A contract | for a perio | odic payment of money to | you, either for life or for a numb | per of years) | | |
| | | ssuer nan | ne and description. | | | | |
| 24 | 26 U.S.C. §§ 530(b)(1) No | , 529A(b), | and 529(b)(1). | fied ABLE program, or under | | - | |
| | | | · | eparately file the records of any | · , | | |
| 25 | . Trusts, equitable or f ■ No | uture inte | erests in property (other | than anything listed in line 1 |), and rights or powers exe | rcisable for your benefit | |
| | ☐ Yes. Give specific in | nformation | about them | | | | |

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1 | Arka P. Sengupta Case | e number <i>(if known)</i> | |
|-----|----------------------|---|----------------------------|--|
| 26. | _Examp | s, copyrights, trademarks, trade secrets, and other intellectual property oles: Internet domain names, websites, proceeds from royalties and licensing agreements | | |
| | ■ No □ Yes. | Give specific information about them | | |
| 27. | Examp ■ No | es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, | professional licenses | |
| | | Give specific information about them | | |
| M | oney or _l | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | |
| | ■ No □ Yes. | Give specific information about them, including whether you already filed the returns and the | ne tax years | |
| 29. | Examp | support oles: Past due or lump sum alimony, spousal support, child support, maintenance, divorce s | settlement, property set | tlement |
| | ■ No □ Yes. | Give specific information | | |
| 30. | Examp | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pa benefits; unpaid loans you made to someone else | ıy, workers' compensat | ion, Social Security |
| | ■ No □ Yes. | Give specific information | | |
| 31. | | ts in insurance policies bles: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's | s, or renter's insurance | |
| | _ | Name the insurance company of each policy and list its value. | | |
| | | Company name: Beneficiary: | | Surrender or refund value: |
| 32. | If you a someo | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currune has died. Give specific information | ently entitled to receive | property because |
| 33. | | against third parties, whether or not you have filed a lawsuit or made a demand for ples: Accidents, employment disputes, insurance claims, or rights to sue | payment | |
| | ☐ Yes. | Describe each claim | | |
| 34. | ■ No | contingent and unliquidated claims of every nature, including counterclaims of the d | ebtor and rights to se | t off claims |
| | | Describe each claim | | |
| 35. | ■ No | Give specific information | | |
| 20 | | | have attack and | |
| 36 | | he dollar value of all of your entries from Part 4, including any entries for pages you art 4. Write that number here | | \$1,000.00 |
| | | | | |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B Schedule A/B: Property page 4

| Debtor | Arka P. Sengupta | | Case number (if known) | |
|-------------------|--|-------------------------|------------------------------|------------|
| 37. Do y o | ou own or have any legal or equitable interest in any business-relat | ed property? | | |
| No. | Go to Part 6. | | | |
| ☐ Yes | s. Go to line 38. | | | |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You lif you own or have an interest in farmland, list it in Part 1. | ı Own or Have an Intere | st In. | |
| 46. Do y | you own or have any legal or equitable interest in any farm | or commercial fishir | ng-related property? | |
| = 1 | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That Yo | u Did Not List Above | | |
| | you have other property of any kind you did not already list | ? | | |
| ■ No | | | | |
| □ Ye | es. Give specific information | | | |
| 54. A d | ld the dollar value of all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Pa | rt 1: Total real estate, line 2 | | | \$0.00 |
| 56. Pa | rt 2: Total vehicles, line 5 | \$0.00 | | |
| 57. Pa | rt 3: Total personal and household items, line 15 | \$2,920.00 | | |
| 58. Pa | rt 4: Total financial assets, line 36 | \$1,000.00 | | |
| | rt 5: Total business-related property, line 45 | \$0.00 | | |
| | rt 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Pa | rt 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. To | tal personal property. Add lines 56 through 61 | \$3,920.00 | Copy personal property total | \$3,920.00 |
| 63. To | stal of all property on Schedule A/B. Add line 55 + line 62 | | | \$3 920 00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | | | | | - |
|--|---|---|--|--|--|--|
| | in this inforn | nation to identify your ca | ase: | | | |
| Del | btor 1 | Arka P. Sengupta | Middle News | | | |
| Del | btor 2 | First Name | Middle Name | L | ast Name | |
| | ouse if, filing) | First Name | Middle Name | L | ast Name | |
| Uni | ited States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF N | EW Y | ORK | |
| | se number | | | | | ☐ Check if this is an amended filing |
| ∩f | ficial Fo | rm 106C | | | | |
| | | - | perty You Cla | aim | as Exempt | 4/19 |
| For spe- any fund exer to the | cific dollar an applicable st ds—may be u mption to a pahe applicable | property you claim as encount as exempt. Altern atutory limit. Some exernlimited in dollar amount articular dollar amount statutory amount. y the Property You Clair | atively, you may claim the nptions—such as those font. However, if you claim are and the value of the proper | full fai r healt n exen ty is d | ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu letermined to exceed that amount | One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the t, your exemption would be limited |
| ١. | _ | • | onbankruptcy exemptions. | - | | |
| | _ | aiming federal exemptions | . , . | 0.0 | 3.0. 3 022(8)(0) | |
| _ | | | - , , , , | | | |
| 2. | | | - | | fill in the information below. | |
| | | on of the property and line that lists this property | on Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Ordinary ar | nd Necessary Househ | sold \$1,000.00 | | | 11 U.S.C. § 522(d)(3) |
| | | nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cell phone, | | \$800.00 | | | 11 U.S.C. § 522(d)(3) |
| | Line from Sch | nedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | nd Necessary Wearing | g \$800.00 | | | 11 U.S.C. § 522(d)(3) |
| | Apparel Line from Sch | nedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Platinum w | edding band - limited | \$300.00 | П | | 11 U.S.C. § 522(d)(4) |

Official Form 106C

value

Timex Watch

Line from Schedule A/B: 12.1

Line from Schedule A/B: 12.2

\$20.00

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

any applicable statutory limit

11 U.S.C. § 522(d)(4)

| Debi | or 1 Arka P. Sengupta | | | Case number (if known) | |
|------|---|--|---------|---|-----------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Joint Checking with mother: Chase Bank - Debtor on title for | Unknown | | | 11 U.S.C. § 522(d)(5) |
| | convenience purposes only; Funds were deposited by Mother and belong to her; Line from Schedule A/B: 17.1 | | • | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Chase Bank | \$1,000.00 | | | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings Account: Chase Bank (Little | \$0.00 | | | 11 U.S.C. § 522(d)(5) |
| | or no balance) Line from <i>Schedule A/B</i> : 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Constant Beta Motion Picture | \$0.00 | | | 11 U.S.C. § 522(d)(5) |
| | Company, LLC 100% Line from <i>Schedule A/B</i> : 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every : | | | led on or after the date of adjustmer | nt.) |
| | Yes. Did you acquire the property covered | ed by the exemption wi | ithin 1 | 215 days before you filed this case | 7 |
| | ☐ No | od by the exemption wi | | ,210 days bololo you mod this oddo | • |
| | ☐ Yes | | | | |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|--------------------|-------------|--|---------------------|
| Debtor 1 | Arka P. Sengupta | 1 | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | PF NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Fill in this | information to identify your c | ase: | | | |
|--|---|--|---|-----------------|---|
| Debtor 1 | Arka P. Sengupta | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | EASTERN DIST | TRICT OF NEW YORK | | |
| • | | | | | |
| Case num (if known) | ber | | | ПС | neck if this is an |
| , | | | | _ | nended filing |
| | | | | | 3 |
| Official | Form 106E/F | | | | |
| Schedu | ule E/F: Creditors W | no Have Ur | nsecured Claims | | 12/15 |
| Schedule G Schedule D left. Attach t name and c | Executory Contracts and Unexpir Creditors Who Have Claims Secuthe Continuation Page to this page ase number (if known). | ed Leases (Officia red by Property. If . If you have no in | a a claim. Also list executory contracts on Schedule A/B: Pro al Form 106G). Do not include any creditors with partially sec i more space is needed, copy the Part you need, fill it out, nui formation to report in a Part, do not file that Part. On the top | ured claims to | that are listed in ries in the boxes on the |
| | List All of Your PRIORITY Uns | | 0 | | |
| _ ` | creditors have priority unsecured | ciaims against yo | ou? | | |
| | Go to Part 2. | | | | |
| ☐ Yes | i. | | | | |
| Part 2: | List All of Your NONPRIORITY | / Uneocured Cla | ime | | |
| <u> </u> | creditors have nonpriority unsecu | | | | |
| _ ` | | • | • | | |
| | | rt. Submit this form | to the court with your other schedules. | | |
| Yes | | | | | |
| unsecu | red claim, list the creditor separately | for each claim. For | etical order of the creditor who holds each claim. If a creditor heach claim listed, identify what type of claim it is. Do not list claim is in Part 3.If you have more than three nonpriority unsecured claim | ns already incl | uded in Part 1. If more |
| | | | | | Total claim |
| 4.1 74 | 12 Evergreen Terrace, LLC | Las | et 4 digits of account number | | \$115,000.00 |
| No | onpriority Creditor's Name | | | - | |
| 14 | o Benjamin C. Fishman, Es 10 Grand Street - Suite 705 | sq. Wh | en was the debt incurred? | | |
| | /hite Plains, NY 10601 umber Street City State Zip Code | | of the date you file, the claim is: Check all that apply | | |
| | ho incurred the debt? Check one. | Аз | of the date you me, the claim is. Oneon all that apply | | |
| | Debtor 1 only | П | Contingent | | |
| | Debtor 2 only | _ | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | | · | | |
| | | | Disputed pe of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | Student loans | | |
| | Check if this claim is for a comm | unity — | Obligations arising out of a separation agreement or divorce that | you did not | |
| | the claim subject to offset? | | Obligations arising out of a separation agreement of divorce that j ort as priority claims | you aid flot | |
| - | No | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | _ | Other. Specify Judgment | | |
| | | _ | Outer, openity | | |

| Debtor 1 Arka P. Sengupta | | Case number (if known) | | | | |
|---------------------------|---|---|---|--|--|--|
| 4.2 | Civil Court Jud't Recover Nonpriority Creditor's Name | Last 4 digits of account number | \$11,000.00 | | | |
| | 99 Wall St - Suite 131 New York, NY 10005 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Collection Judgment | | | | |
| 4.3 | Discover | Last 4 digits of account number | \$13,200.00 | | | |
| | Nonpriority Creditor's Name | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| | P.O. Box 30943 | When was the debt incurred? | | | | |
| | Salt Lake City, UT 84130-0943 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's. Oncok an that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | <u> </u> | □ Student loans | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.4 | Mark Randall | Last 4 digits of account number | Unknown | | | |
| | Nonpriority Creditor's Name c/o Zibelman Legal Assocs 620 Christian St. | When was the debt incurred? | | | | |
| | Philadelphia, PA 19147 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Is the claim subject to onset? | □ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | | Judgment (same liability as Civil Court | | | | |
| | ☐ Yes | Other. Specify Judgment recovery) | | | | |

| Debto | Arka P. Sengupta | | Case number (if known) | |
|----------------|---|---|---|-------------------------|
| 4.5 | Potencia, LLC | Last 4 digits of account num | ber | Unknown |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | c/o Richard Roth, Esq. 295 Madison Ave | When was the debt incurred | | |
| | 22nd Floor | | | |
| | New York, NY 10017 Number Street City State Zip Code | As of the date you file, the cla | aim is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the ch | ain is. Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ■ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsec | cured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a report as priority claims | separation agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-si | haring plans, and other similar debts | |
| | Yes | Other. Specify Confess | sion of Judgment | |
| 4.6 | Robin Humbert | Last 4 digits of account num | ber | \$23,000.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | c/o Richard Roth, Esq 295 Madison Ave. | when was the dept incurred | | |
| | 22nd Floor | | | |
| | New York, NY 10017 Number Street City State Zip Code | As of the date you file, the cla | nim io. Chook all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the ch | ант із. Спеск ан шасарріу | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ■ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsec | cured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | · | haring plans, and other similar debts | |
| | Yes | Other. Specify Potenci | sion of Judgment (Sameliability as a) | |
| Part 3 | List Others to Be Notified About a De | ebt That You Already Listed | | |
| is try have | ying to collect from you for a debt you owe to s | someone else, list the original credit at you listed in Parts 1 or 2, list the | hat you already listed in Parts 1 or 2. For examplor in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have add | here. Similarly, if you |
| | and Address | On which entry in Part 1 or Part 2 did | · <u> </u> | |
| | ncial Recovery Servic Box 385908 | Line 4.3 of (Check one): | Part 1: Creditors with Priority Unsecured Clain | |
| | leapolis, MN 55438 | | ■ Part 2: Creditors with Nonpriority Unsecured C | Claims |
| | • , | Last 4 digits of account number | | |
| | and Address | On which entry in Part 1 or Part 2 did | | |
| | lyn Ruthnager, Esq/ , Frank, Goldstein | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Clain ☐ Part 2: Creditors with Nonpriority Unsecured C | |
| 330 V | N. 38th St | | Part 2: Creditors with Nonpriority Unsecured C | laims |
| New | York, NY 10018 | Last 4 digits of account number | | |
| Name | and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | |
| | ano Law PLLC | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claim | ns |
| | road Street - 18th Fl. York, NY 10004 | | Part 2: Creditors with Nonpriority Unsecured C | claims |
| 14544 | 10.11, 111 1000 1 | Last 4 digits of account number | | |

Official Form 106 E/F

| Debtor 1 Arka P. Sengupta | | Case number (if known) |
|--|--|---|
| Name and Address | On which entry in Part 1 or Part 2 did y | |
| Romano Law PLLC | Line 4.5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 55 Broad Street - 18th Fl. New York, NY 10004 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| , | Last 4 digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|---|-----|----|--|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | 6f. | Student loans | 6f. | • | Total Claim |
| Total | OI. | Student loans | OI. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 162,200.00 |
| | | IIGIG. | | | <u> </u> |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 162,200.00 |
| | | | | | <u>, </u> |

| Fill in this infor | mation to identify your | case: | | | | |
|------------------------|--------------------------|--------------------|------------|---|--------------------------------------|--|
| Debtor 1 | Arka P. Sengupta | 1 | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | · | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | · | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |

Official Form 106G

| Fill in th | is information to identify your | case. | | |
|-----------------------------------|---|--|--|--|
| | | | | |
| Debtor 1 | Arka P. Sengupta First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | |
| United S | tates Bankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | |
| Case nu | mber | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Offici | al Form 106H | | | |
| | dule H: Your Cod | ahtars | | 12/15 |
| SCITE | dule II. Toul Cou | EDIOI 3 | | 12/13 |
| eople a ill it out, our nan | re filing together, both are equa and number the entries in the ne and case number (if known) | ally responsible for supp boxes on the left. Attach . Answer every question. | lying correct information. If mor the Additional Page to this page | e and accurate as possible. If two married e space is needed, copy the Additional Page, e. On the top of any Additional Pages, write |
| | , , , , , , | you are ming a joint odoc, t | ao not not officer opodoc do d oodek | |
| | | | | |
| Y | es | | | |
| | | | operty state or territory? (Commerce Rico, Texas, Washington, and | unity property states and territories include Wisconsin.) |
| ■ N | o. Go to line 3. | | | |
| _ | es. Did your spouse, former spou | use, or legal equivalent live | with you at the time? | |
| | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | , | |
| in li: Fori | ne 2 again as a codebtor only i | f that person is a guarant | or or cosigner. Make sure you h | ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official schedule D, Schedule E/F, or Schedule G to file |
| | Column 1: Your codebtor | | | nn 2: The creditor to whom you owe the debt |
| | Name, Number, Street, City, State and ZI | P Code | Check | all schedules that apply: |
| | | | | |
| 3.1 | Constant Beta Motion | | | hedule D, line |
| | 36 Plaza Street E Apt. 6F | | | hedule E/F, line4.1 |
| | Brooklyn, NY 11238 | | | hedule G vergreen Terrace, LLC |
| | | | 742 L | vergreen remace, LLO |
| | | | | |
| 3.2 | Constant Beta Motion | | | hedule D, line |
| | 36 Plaza Street E Apt. 6F | | | hedule E/F, line 4.5 |
| | Brooklyn, NY 11238 | | | hedule G |
| | - | | Poter | ncia, LLC |
| | | | | |
| 3.3 | Constant Beta Motion | | | hedule D, line |
| | 36 Plaza Street E Apt. 6F | | | hedule E/F, line 4.6 |
| | Brooklyn, NY 11238 | | | hedule G |
| | • • | | Robii | n Humbert |

Schedule H: Your Codebtors

| Fill in this information | to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Arka P. Sengupta | |
| Debtor 2 (Spouse, if filing) | | |
| United States Bankrup | otcy Court for the: EASTERN DISTRICT OF NEW YORK | |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Form | 106l Vous Incomo | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Film producer **Non-Profit Development** Include part-time, seasonal, or **Constant Beta Motion Picture** self-employed work. Employer's name New York Asian Womens Center, I **Company LLC** Occupation may include student or homemaker, if it applies. **Employer's address** 16 Plaza Street, Apt. 6F 32 Broadway, 10th Floor Brooklyn, NY 11238 New York, NY 10004 How long employed there? Approx. 7 years Approx. 1 year **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 7,300.00 1,042.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. \$ 7,300.00 1,042.00

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Arka P. Sengupta | _ | C | Case number (<i>if kn</i> | own) | | | | |
|-----|---------------|---|----------|------------|----------------------------|------|-----------|------------|------------------|-----------------|
| | | | | | For Debtor 1 | | | Debtor 2 | | |
| | Сор | y line 4 here | 4. | - | \$ 7,300 | .00 | \$ | | 42.00 | |
| | • | , | | | 1,000 | | · — | .,0 | | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | | | .00 | \$ | 2 | 14.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | | .00 | \$_ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | | | .00 | \$_ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 50 | | | .00 | \$_ | | 0.00 | |
| | 5e. | Insurance | 5e | | | .00 | \$_ | | 0.00 | |
| | 5f. 5g. | Domestic support obligations Union dues | 5f 5g | | · | .00 | \$_ \$ | | 0.00 | |
| | 5g. 5h. | Other deductions. Specify: | _ | ۶. ۱.+ | · | .00 | : — | | 0.00 | |
| • | | · · · · · · · · · · · · · · · · · · · | _ | | · — | | · : — | | | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | | .00 | \$_ • | | 14.00 | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ 7,300 | .00 | \$ | 8. | 28.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | а. | \$ 0 | .00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b | ٥. | \$ 0 | .00 | \$_ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | c . | | .00 | \$_ | | 0.00 | |
| | 8d. | Unemployment compensation | 80 | d. | \$ 0 | .00 | \$ | | 0.00 | |
| | 8e. | Social Security | 86 | €. | \$0 | .00 | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f | : | \$ 0 | .00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g | g. | \$ 0 | .00 | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h | า.+ | \$ 0 | .00 | + \$_ | | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0 | .00 | \$_ | | 0.00 | 0 |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 7,300.00 | + \$ | | 828.00 = | \$ | 8,128.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | 7,300.00 | Ψ_ | | - | | 0,120.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not accify: | dep | | | | • | Schedule J | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 12. | \$ | 8,128.00 |
| | | | | | | | | | ombin nonthly | ned y income |
| 13. | ' | you expect an increase or decrease within the year after you file this form | ? | | | | | | | |
| | | No. Yes Eynlain | | | | | | | | |
| | | YAS EYNISIN' I | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|------------|---|---|---------------|---|--|
| Deb | otor 1 Arka P. Sengupta | | Check | if this is: | |
| L. | | | _ | n amended filing | |
| | ouse, if filing) | | | . supplement show 3 expenses as of t | ring postpetition chapter he following date: |
| ` . | | OBK. | | · IM / DD / YYYY | |
| Unii | ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO | DRK | IV | וואו/טט/זזזז | |
| 1 | se number cnown) | | | | |
| | , | | | | |
| O. | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| Be info | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question. | | | | |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | |
| •• | ■ No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate Househ | nold of Debto | r 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Son | | 11 | Yes |
| | | | | | □ No □ Yes |
| | | | | | □ res |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Y</i> | | | Your expe | inses |
| (0) | ficial Form 106l.) | | | тош охро | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 3,146.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 20.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 50.00 |
| _ | 4d. Homeowner's association or condominium dues | ma aquitu lasas | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as hor | HE EQUITY TOANS | 5. \$ | | 0.00 |

| Debtor 1 Arka | P. Sengupta | Case num | ber (if known) | |
|----------------|--|---------------------|----------------|--------------------------|
| . Utilities: | | | | |
| | icity, heat, natural gas | 6a. | \$ | 100.00 |
| | r, sewer, garbage collection | 6b. | · | 0.00 |
| | hone, cell phone, Internet, satellite, and cable services | 6c. | | 575.00 |
| • | . Specify: | 6d. | * | 0.00 |
| | ousekeeping supplies | 7. | · | 800.00 |
| | nd children's education costs | 8. | · . | 850.00 |
| | undry, and dry cleaning | 9. | | 100.00 |
| • | are products and services | 10. | · | 100.00 |
| | d dental expenses | 10. | · | |
| | • | 11. | Φ | 50.00 |
| • | tion. Include gas, maintenance, bus or train fare. de car payments. | 12. | \$ | 150.00 |
| | ent, clubs, recreation, newspapers, magazines, and books | 13. | | 200.00 |
| | contributions and religious donations | 14. | · | 0.00 |
| 5. Insurance. | contains and rongious donations | | <u> </u> | 0.00 |
| | de insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life in | | 15a. | \$ | 0.00 |
| 15b. Health | n insurance | 15b. | \$ | 651.00 |
| 15c. Vehic | le insurance | 15c. | \$ | 294.00 |
| | insurance. Specify: | 15d. | * | 0.00 |
| | not include taxes deducted from your pay or included in lines 4 or 2 | | | 0.00 |
| Specify: | ist morado taxos doddotod from your pay or moradod in infoo 1 of 2 | 16. | \$ | 0.00 |
| | or lease payments: | | · - | |
| | ayments for Vehicle 1 | 17a. | \$ | 397.00 |
| | ayments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other | · | 17c. | \$ | 0.00 |
| 17d. Other | | 17d. | \$ | 0.00 |
| | ents of alimony, maintenance, and support that you did not re | | * | |
| | om your pay on line 5, Schedule I, Your Income (Official Forn | | \$ | 0.00 |
| | nents you make to support others who do not live with you. | • | \$ | 0.00 |
| Specify: | | 19. | | |
| . Other real p | property expenses not included in lines 4 or 5 of this form or | on Schedule I: Yo | our Income. | |
| 20a. Mortg | ages on other property | 20a. | \$ | 0.00 |
| 20b. Real e | estate taxes | 20b. | \$ | 0.00 |
| 20c. Prope | erty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Mainte | enance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Home | eowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Other: Spec | cify: | 21. | +\$ | 0.00 |
| · | | | | |
| - | our monthly expenses | | | |
| | es 4 through 21. | | \$ | 7,483.00 |
| 22b. Copy lii | ne 22 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| 22c. Add line | e 22a and 22b. The result is your monthly expenses. | | \$ | 7,483.00 |
| Onland-t- | and the second s | | | |
| - | our monthly net income. | 00 | ¢. | 0.400.00 |
| | line 12 (your combined monthly income) from Schedule I. | 23a. | · | 8,128.00 |
| 23b. Copy | your monthly expenses from line 22c above. | 23b. | -\$ | 7,483.00 |
| 220 C | act your monthly expenses from your monthly income | | | |
| | act your monthly expenses from your monthly income. esult is your <i>monthly net income</i> . | 23c. | \$ | 645.00 |
| 1116 16 | South Syout monthly not moonto. | _50. | | |
| 4. Do you exp | ect an increase or decrease in your expenses within the year | after you file this | s form? | |
| For example, | do you expect to finish paying for your car loan within the year or do you ex | | | or decrease because of a |
| | the terms of your mortgage? | | | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | |
|--|---|---|-------------------------------|-----------------------|--|
| Debtor 1 | Arka P. Sengupta | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | F: (N | A 6' 1 11 A 1 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| You must file thi obtaining mone years, or both. 1 | is form whenever you fi | le bankruptcy schedules n connection with a bank | | aking a false state | ement, concealing property, or 0, or imprisonment for up to 20 |
| Sig | II Below | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out banl | kruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | kruptcy Petition Preparer's Notice, , and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sum | mary and schedules filed w | rith this declaration | on and |
| | a P. Sengupta | | X | | |
| | P. Sengupta are of Debtor 1 | | Signature of Del | btor 2 | |
| _ | | | Dete | | |
| Date _ | April 20, 2021 | | Date | | |
| | | | | | |

Official Form 106Dec

| Debtor 1 Arka P. Sengupta First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | |
|---|---|
| First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | |
| (Spouse if, filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | |
| | |
| Case number | |
| (if known) | heck if this is an mended filing |
| Official Form 107 | |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy | 4/19 |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for support information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write you number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | |
| 1. What is your current marital status? | |
| ■ Married□ Not married | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? | |
| ■ No | |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | |
| Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: lived there | Dates Debtor 2 lived there |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and W | |
| ■ No | |
| Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H). | |
| Part 2 Explain the Sources of Your Income | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calen Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | ndar years? |
| □ No ■ Yes. Fill in the details. | |
| Debtor 1 Debtor 2 | |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$21,772.00 Wages, commissions, bonuse, tips \$21,772.00 Wages, commissions, tips \$21,772.00 Wages, commissions, tips \$21,77 | |
| ■ Operating a business □ Operating a business | |

Official Form 107

| Debtor 1 Arka P. Sengupta | | | | | Case number (if known) | | | | |
|---------------------------|------------------------------------|---|--|--|---|---|---|---|---|
| | | | | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions exclusions) | s and | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r last caler nuary 1 to | ndar year: December 3 | 31, 2020) | ☐ Wages, commissions, bonuses, tips | \$16,86 | 64.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | Operating a business | | | ☐ Operating a | business | |
| | | dar year bef December 3 | | ☐ Wages, commissions, bonuses, tips | \$16,0° | 12.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | Operating a business | | | ☐ Operating a | business | |
| | and other winnings. List each No | public benef If you are fili | it payments; ng a joint ca ne gross inco | ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separa | est; dividends; mone you received together | ey collecte r, list it on | ed from lawsuits; lly once under De | royalties; and btor 1. | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income fro each source (before deductions exclusions) | | Sources of inc Describe below. | | Gross income (before deductions and exclusions) |
| Pai | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | | |
| 6. | ■ No. | Neither De individual p During the No. Yes * Subject t | 90 days before 30 day | each creditor to whom you pai reditor. Do not include paymer payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consu- pre you filed for bankruptcy, di | d you pay any credited a total of \$6,825* of the for domestic supposes after that for cases after that for cases deposited by you pay any credited at total of \$600 or media. | or a total or more in ort obligation of a total on or a total on or and | of \$6,825* or more pay tions, such as cher after the date of of \$600 or more? | re? ments and th ild support ar f adjustment. you paid that | ne total amount you nd alimony. Also, do creditor. Do not |
| | Creditor | 's Name and | Address | Dates of payme | | ount paid | Amount you still owe | Was this p | ayment for |
| | 99 Wall | ourt Jud't R St - Suite [,] ork, NY 100 | 131 | Approx. 16,00 in the aggrega in Feb and Ma 2021 | ate | 0.00 | \$11,000.00 | ☐ Mortgag ☐ Car ☐ Credit C ■ Loan Re ☐ Supplier ☐ Other | ard |

Case number (if known)

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
|-----|---|---------------------------|---------------------------|----------------------|-----------------------------------|---------------------------|--|--|
| | No | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment | | |
| 8. | Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a de | bt that benefited an | | |
| | ■ No | | | | | | | |
| | Yes. List all payments to an insider | Datas of normant | Total amazint | A | Danaan fan f | hiaa | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Include credit | his payment tor's name | | |
| Pai | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankruptor List all such matters, including personal injury modifications, and contract disputes. | | | | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | case Court or agency | | Status of the | case | | |
| | 742 Evergreen Terrace, LLC v. Constant Beta Motion Picture Co., LLC and Arka Sengupta 656817/2019 | Commercial Contract | Supreme Court State of NY | | ■ Pending □ On appeal □ Concluded | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | erty repossessed, t | oreclosed, garnis | shed, attached | seized, or levied? | | |
| | No. Go to line 11. | | | | | | | |
| | Yes. Fill in the information below. | | | | | | | |
| | Creditor Name and Address | Describe the Property Dat | | Date | | Value of the property | | |
| | | Explain what happened | | | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No □ Yes. Fill in the details. | | luding a bank or fi | nancial institution | n, set off any ai | mounts from your | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | | | it of creditors, a | | |

Debtor 1 Arka P. Sengupta

| Del | otor 1 | Arka P. Sengupta | | Case n | umber (| if known) | |
|-----|----------------------|--|--------|--|-----------|---|---------------------------|
| | | | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | |
| 13. | | n 2 years before you filed for bankrup No Yes. Fill in the details for each gift. | tcy, d | lid you give any gifts with a total value of | more th | an \$600 per person | ? |
| | per p | with a total value of more than \$600 person | | Describe the gifts | | Dates you gave the gifts | Value |
| | Perso Addr | on to Whom You Gave the Gift and ress: | | | | | |
| 14. | I N | n 2 years before you filed for bankrup No Yes. Fill in the details for each gift or con | | lid you give any gifts or contributions with | n a total | value of more than | \$600 to any charity? |
| | more Char | or contributions to charities that totale than \$600 ity's Name ess (Number, Street, City, State and ZIP Code) | al | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | | |
| 15. | or gar | mbling? | cy or | since you filed for bankruptcy, did you lo | se anyth | ning because of the | ft, fire, other disaster, |
| | | es. Fill in the details. Fribe the property you lost and D | osoril | be any insurance coverage for the loss | | Date of your | Value of property |
| | | the loss occurred | clude | the amount that insurance has paid. List per ce claims on line 33 of Schedule A/B: Prope | | loss | lost |
| Par | t 7: | List Certain Payments or Transfers | | | | | |
| 16. | consu | ulted about seeking bankruptcy or pre | parin | d you or anyone else acting on your beha ig a bankruptcy petition? s, or credit counseling agencies for services i | | | rty to anyone you |
| | | No | | | | | |
| | ■ Y | es. Fill in the details. | | | | | |
| | Addr Emai | on Who Was Paid ress il or website address on Who Made the Payment, if Not You | J | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
| | 245 Suite Whit | achio Malara, LLP Main Street e 450 te Plains, NY 10601 v.pmlawllp.com | | \$5,000.00 in fees and \$2,000.00 in fi fee and expenses (\$7,000.00 total) | ling | April 16, 2021 | \$7,000.00 |
| 17. | promi | | ors o | d you or anyone else acting on your beha r to make payments to your creditors? ed on line 16. | If pay o | r transfer any prope | rty to anyone who |
| | _ | No | | | | | |
| | | es. Fill in the details. on Who Was Paid | | Description and value of any property | | Date payment | Amount of |
| | Addr | | | transferred | | or transfer was made | payment |

Debtor 1 Arka P. Sengupta

Case number (if known)

| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than proper transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | | | | |
|--|----------------------------------|--|--------|--|---|----------------|-----------------------|--|---|---|---------------------------|
| | Add | son Who Received Transfer dress | | Description and property transfe | | | | payme | ibe any property or ents received or debts n exchange | | Date transfer was made |
| | Per | son's relationship to you | | | | | | | | | |
| 19. | ben = | nin 10 years before you filed for bankrupeficiary? (These are often called asset-pro | | | any | property to a | self | -settled | d trust or similar device | of | which you are a |
| | П | Yes. Fill in the details. | | | | | | | | | |
| | Nar | me of trust | | Description and | l val | lue of the pro | pert | y trans | ferred | | Date Transfer was nade |
| Pa | rt 8: | List of Certain Financial Accounts, In- | strur | ments, Safe Depos | sit E | Boxes, and St | oraç | je Units | s | | |
| 20. | | nin 1 year before you filed for bankrupto | y, w | ere any financial a | acco | ounts or instr | ume | nts he | ld in your name, or for y | /ou | r benefit, closed, |
| | Incl | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | | | | | | | | | | |
| | Add | | | st 4 digits of count number | • | | or | Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer | |
| 21. | | to you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, ash, or other valuables? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | | Who else had ac Address (Number, State and ZIP Code) | | | Des | scribe 1 | the contents | | Do you still have it? |
| 22. | Hav | e you stored property in a storage unit | or pla | ace other than you | ur h | ome within 1 | yea | r befor | e you filed for bankrupt | cy? | • |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Des | Describe the contents | | | Do you still have it? | |
| | | be Stoage mers, NY | | Debtor and Sp | oou | se | (ba | by clo | l household items othes, high chair and e and holiday ons) | | □ No ■ Yes |
| Pai | rt 9: | Identify Property You Hold or Control | for S | Someone Else | | | | | | | |
| 23. | - | you hold or control any property that so someone. | meo | ne else owns? Inc | clud | le any proper | ty yo | u borr | owed from, are storing | for | , or hold in trust |
| | | No | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | | |
| | | rner's Name dress (Number, Street, City, State and ZIP Code) | | Where is the property? (Number, Street, City, State and ZIP Code) | | | the property | | Value | | |
| | | | | | | | | | | | |

Debtor 1 Arka P. Sengupta Case number (if known)

| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
|-----|---|---|--|---------------------------------------|--|--|--|--|
| | Debtor's Mother | Chase bank | Bank Account - Debtor's mother added Debtor for convenience purposes | Unknown | | | | |
| Par | t 10: Give Details About Environmental Inform | nation | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | - · | | | | | |
| | Site means any location, facility, or property as | - | law, whether you now own, operate, | or utilize it or used | | | | |
| | to own, operate, or utilize it, including disposal Hazardous material means anything an enviror | | s waste, hazardous substance, toxic | substance. | | | | |
| | hazardous material, pollutant, contaminant, or | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environm | ental law? | | | | |
| | No No | | | | | | | |
| | Yes. Fill in the details. Name of site | Governmental unit | Environmental law if you | Date of notice | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of the following connections to an | y business? | | | | |
| | ☐ A sole proprietor or self-employed in a | • | | , | | | | |
| | ■ A member of a limited liability company | y (LLC) or limited liability partnersh | ip (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | ☐ No. None of the above applies. Go to Part | 12. | | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each business | S. | | | | | |
| | | escribe the nature of the business | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | ame of accountant or bookkeeper | Do not include Social Security Dates business existed | number or ITIN. | | | | |
| | | | | | | | | |

| Deb | otor 1 Arka P. Sengupta | Case number (if known) | | | |
|---------------------|--|---|-----------------|---|--|
| | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Do not i | er Identification number nclude Social Security number or ITIN. usiness existed | |
| | Constant Beta Pictures | Film Production | EIN: | 46-4208684 | |
| | 36 Plaza St. E Apt. 6F Brooklyn, NY 11238-5012 | Arka Sengupta | From-To | | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below. | otcy, did you give a financial statement t | o anyone abo | ut your business? Include all financial | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | |
| Par | t 12: Sign Below | | | | |
| are t | ve read the answers on this Statement of Fi true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571. | a false statement, concealing property, | or obtaining m | oney or property by fraud in connection | |
| /s/ | Arka P. Sengupta | | | | |
| | ka P. Sengupta nature of Debtor 1 | Signature of Debtor 2 | | | |
| Dat | e April 20, 2021 | Date | | | |
| Did : ■ N □ Y | | nent of Financial Affairs for Individuals I | Filing for Bank | ruptcy (Official Form 107)? | |
| ■ N | • | | | | |
| ПΥ | es. Name of Person Attach the Bankr | ruptcy Petition Preparer's Notice, Declaration | on, and Signatu | re (Official Form 119). | |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| | Easte | rn District of New Yor | ·k | |
|-------|---|--|---|--|
| In re | Arka P. Sengupta | | Case No. | |
| | | Debtor(s) | Chapter | _11 |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR DE | EBTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | o), I certify that I am the attor of the petition in bankruptcy | ney for the above nan , or agreed to be paid | ned debtor(s) and that to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 7,000.00 |
| | Prior to the filing of this statement I have received | | | 7,000.00 |
| | Balance Due | | \$ | 0.00 |
| • | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| • | ■ I have not agreed to share the above-disclosed competent of the share the | nsation with any other persor | unless they are mem | bers and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name | | | |
| | In return for the above-disclosed fee, I have agreed to ren- | der legal service for all aspec | ets of the bankruptcy of | ease, including: |
| | a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, stater c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] Negotiations with secured creditors to re reaffirmation agreements and application | nent of affairs and plan whic s and confirmation hearing, a duce to market value; ex | h may be required; and any adjourned hea | rings thereof; |
| • | By agreement with the debtor(s), the above-disclosed fee on Representation of the debtors in any discussion any other adversary proceeding. | does not include the followin chargeability actions, jud | g service: licial lien avoidanc | es, relief from stay actions o |
| | | CERTIFICATION | | |
| | I certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement fo | or payment to me for r | epresentation of the debtor(s) in |
| | pril 20, 2021 | /s/ Anne Penach | io | |
| Α | 1 m / - | | | |
| | ate | Anne Penachio | | |
| | ате | Signature of Attorn | | |
| | ате | | ı, LLP | |
| | ате | Signature of Attorn Penachio Malara 245 Main Street, White Plains, NY | a, LLP Suite 450 | |
| | ате | Signature of Attorn Penachio Malara 245 Main Street, | a, LLP Suite 450 ′ 10601 | |

United States Bankruptcy Court Eastern District of New York

| In re | Arka P. Sengupta | | | |
|-------|------------------|-----------|---------|----|
| | | Debtor(s) | Chapter | 11 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

| Date: | April 20, 2021 | /s/ Arka P. Sengupta | |
|-------|----------------|----------------------------|--|
| | | Arka P. Sengupta | |
| | | Signature of Debtor | |
| Date: | April 20, 2021 | /s/ Anne Penachio | |
| | | Signature of Attorney | |
| | | Anne Penachio | |
| | | Penachio Malara, LLP | |
| | | 245 Main Street, Suite 450 | |
| | | White Plains, NY 10601 | |

914-946-2889

USBC-44 Rev. 9/17/98

742 Evergreen Terrace, LLC c/o Benjamin C. Fishman, Esq. 140 Grand Street - Suite 705 White Plains, NY 10601

Civil Court Jud't Recover 99 Wall St - Suite 131 New York, NY 10005

Constant Beta Motion 36 Plaza Street E Apt. 6F Brooklyn, NY 11238

Constant Beta Motion 36 Plaza Street E Apt. 6F Brooklyn, NY 11238

Constant Beta Motion 36 Plaza Street E Apt. 6F Brooklyn, NY 11238

Discover P.O. Box 30943 Salt Lake City, UT 84130-0943

Financial Recovery Servic P.O. Box 385908 Minneapolis, MN 55438

Jocelyn Ruthnager, Esq/ Fran, Frank, Goldstein 330 W. 38th St New York, NY 10018

Mark Randall c/o Zibelman Legal Assocs 620 Christian St. Philadelphia, PA 19147 Potencia, LLC c/o Richard Roth, Esq. 295 Madison Ave 22nd Floor New York, NY 10017

Robin Humbert c/o Richard Roth, Esq 295 Madison Ave. 22nd Floor New York, NY 10017

Romano Law PLLC 55 Broad Street - 18th Fl. New York, NY 10004

Romano Law PLLC 55 Broad Street - 18th Fl. New York, NY 10004

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| DEBTOR(S): | Arka P. Sengupta | CASE NO.:. |
|---|---|---|
| | | .073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure best knowledge, information and belief: |
| was pending at any spouses or ex-spous partnership and one have, or within 180 | time within eight years be es; (iii) are affiliates, as de or more of its general par | es" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case fore the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are efined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a tners; (vi) are partnerships which share one or more common general partners; or (vii) nt of either of the Related Cases had, an interest in property that was or is included in the 641(a).] |
| □ NO RELATED | CASE IS PENDING OR I | HAS BEEN PENDING AT ANY TIME. |
| ■ THE FOLLOWI | NG RELATED CASE(S) | IS PENDING OR HAS BEEN PENDING: |
| 1. CASE NO.: 21- | 41048 JUDGE: | DISTRICT/DIVISION: Eastern District of NY |
| DEBTOR NAME: | Constant Beta Motion P | icture Company, LLC |
| CASE STILL PENI | DING (Y/N): Y | [If closed] Date of closing: |
| CURRENT STATE | US OF RELATED CASE: | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WH | ICH CASES ARE RELAT | TED (Refer to NOTE above): Affiliate |
| | LISTED IN DEBTOR'S S F RELATED CASE: | SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 2. CASE NO.: | JUDGE: DIST | TRICT/DIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |
| CURRENT STATE | US OF RELATED CASE: | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WH | ICH CASES ARE RELAT | TED (Refer to NOTE above): |
| | LISTED IN DEBTOR'S S F RELATED CASE: | SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 3. CASE NO.: | JUDGE: DIST | TRICT/DIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |

| DISCLOSURE OF RELATED CASES (cont'd) | |
|--|---|
| CURRENT STATUS OF RELATED CASE: | |
| | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refe | er to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDU SCHEDULE "A" OF RELATED CASE: | LE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| | uals who have had prior cases dismissed within the preceding 180 days may not quired to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S | ATTORNEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New | York (Y/N):Y |
| as indicated elsewhere on this form. | aptcy case is not related to any case now pending or pending at any time, except |
| /s/ Anne Penachio Anne Penachio | |
| Signature of Debtor's Attorney Penachio Malara, LLP 245 Main Street, Suite 450 | Signature of Pro Se Debtor/Petitioner |
| White Plains, NY 10601 914-946-2889 | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009